



# **contact**

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## **Infant Feeding Today — What's Best for the Babies ?**



## FOREWORD

"Our babies are the ones who will suffer if these marketing practices continue." These words were spoken by Dr. E. Maganu of Botswana during debates of the World Health Assembly in May, 1986, on the resolution calling for companies to stop the marketing device of donating breast-milk substitutes to hospital nurseries. He added, "When there is a conflict between infant health and marketing practices, it is the practices which must stop."

It is from this point of view that the Christian Medical Commission is presenting this plea for feeding the infants of the world the food which is best for their health – breast-milk and home – made weaning foods. Politicians and international businesses alike, especially those who subscribe to Christian ethics, might need to take another look at the moral basis of their actions towards people in the developing world who hope for health and strength for their children. What are our obligations towards those who are not yet schooled in judging the claims made by commercial advertising? This is not just a question of mak-

ing money by selling to those who can ill afford to buy, but it is also a question of making money by promoting practices which lead to the ill health and death of little children.

Although the battle to promote breast-feeding is not yet won, great progress has been made in the adoption of the marketing code for producers of baby formulas. Now, as well as constant monitoring of compliance to this code, those concerned with the health of the world's children need to look at the marketing of weaning foods for older babies. Our first article in this issue of CONTACT deals with this increasingly important problem and gives suggestions of ways health workers can promote home-made weaning foods. The second article in this issue describes progress in adoption and enforcement of the World Health Assembly Code for Marketing of Breast-milk Substitutes. Our thanks to IBFAN for materials on both these subjects. We hope that all of our readers will be continually aware that adherence to this code and support of breast-feeding is one of the best ways to insure healthier babies and a healthier future world population.

The Editors

# WEANING FOODS – WHAT'S BEST FOR THE BABIES?

World-wide persuasion and agitation have helped control one of the worst abuses in the field of infant feeding: the indiscriminate marketing of infant formulas as a substitute for breast-feeding (see the second article in this issue of CONTACT). However, another danger for babies continues to exist, particularly in the developing world, because of the aggressive marketing of weaning foods.

Mothers, as always concerned for the welfare of their babies, may be convinced that buying bottled or packaged foods is the best way to help their babies grow during the first year of life. The following information could help health workers, mothers, health planners and all concerned to evaluate weaning foods better.

For the first four to six months of a child's life, breast-milk is all that is needed for healthy development. The mother's breast-milk production increases as the baby grows in these early months, if she is breast-feeding in accord with the baby's needs. Any artificial feed given before four months interferes with breast-milk production as well as being potentially dangerous and inferior nutritionally.

But after four to six months of exclusive breast-feeding, the weaning process should begin. This means gradually adding other foods to the infant's diet while continuing to breast-feed. For the child with few or no teeth, the first added foods are 'soft' foods, typically based on cereal or other local staple foods enriched with extra protein and energy foods such as milk, egg, mashed beans, fish, sugar, oil and the like. As babies grow, they are ready for increasing amounts of the usual family food, mashed or otherwise, simply adapted to their special needs.

Nutritionists generally agree that the best foods for weaning are those prepared at home in this way. They are freshest, least expensive and best suited to prepare the baby to eat with the rest of the family during his second year of life.

Frequent eating is a key to successful growth during the child's weaning period. Because ordinary foods are least expensive, the family using them can afford to give the growing child something to eat five or six times a day, in addition to breast-feeding which still provides valuable nutrition throughout the second year of life.

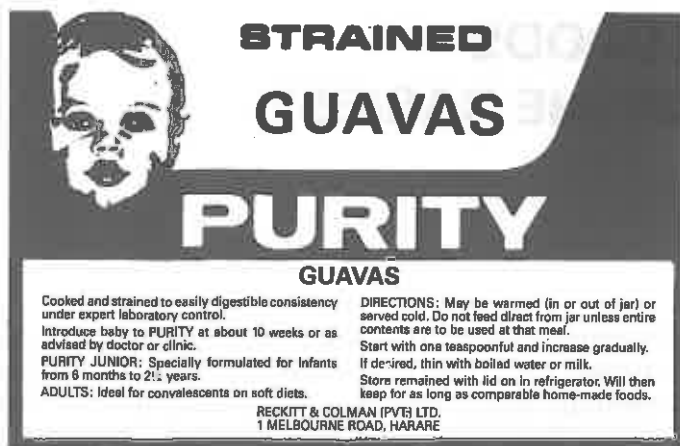
But a wide variety of commercial packaged soft foods are being advertised and sold to mothers in Africa. These refined convenience foods may be low in nutrients other than energy, and come at a high cost per serving. Furthermore, they are often marketed for such early use that they will interfere with breast-feeding, replacing perfectly balanced breast-milk with a less valuable food before complementary feeding is needed. For example: **Milupa** markets six varieties of flavoured baby cereals. Some are labelled for use from about the age of **two months**.

**Robinson's Baby Rice** is a new addition to Kenya's supermarket shelves. The labels recommend its use from **three months of age**.

**Bebelac** displays four smiling white baby faces on its packets of **Fruticrem** milk and banana baby cereal, for use from **2 1/2 months**.

Nestlé sells at least five varieties of **Nestum** baby cereals in Lesotho, Botswana and Swaziland. The flavours – milk, chocolate and banana – are differentiated by numbers – one, two, three; the packets have no expiry date. In Kenya, Nestlé's principal soft food, **Cerelac** is advertised in prime time on the national radio station immediately following the morning news: "Mothers, after four months babies need other food in addition to milk. Try **Cerelac** ... it's easy to use." However, the Swahili on the **Cerelac** label recommends its use at three months of age.

The same story could be told in almost every African country. Parents are confused by the vigorous promotion of these unnecessary and



*In Zimbabwe commercial strained fruits with added sugar are promoted for babies from 10 weeks of age.*

expensive products. One step in the right direction is contained in the May, 1986, World Health Assembly Resolution 39.28: "Any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breast-feeding and therefore should neither be promoted nor encouraged for use by infants during this period."

Application of this WHA recommendation can ensure that children will be affordably and amply fed on what benefits them most: exclusive breast-feeding for four months, followed by the gradual addition of home-made soft foods and then by suitably adapted food from their family's usual diet, while they continue to breast-feed.

Mothers convinced that weaning food from market shelves is of higher quality or more free from germs than weaning foods they can prepare at home may simply be fooled by the publicity that baby food producers use. Commercial weaning foods often have high sugar content, providing quick energy but less food value than more natural products. Commercial weaning foods are often also needlessly salty. Babies can easily acquire a taste for sugared or highly salted foods and later refuse more healthy, home-prepared foods. Even the idea that prepared weaning foods are cleaner and more free from germs than those prepared at home is not always true. Supplementary foods like cereals that need to be mixed with water must be prepared with clean water in hygienic conditions; thus they present great risk of diarrhoea for babies in areas where clean water is not available. Bottled foods, too, should be kept under refrigeration once they are opened. Small babies do not finish one jar of food at a single meal, yet many mothers in

the developing world have no good place to store the open jar – and it would be an even greater burden on their family to throw away unfinished jars.

### **Supplementing Breast-feeding and Starting to Wean**

Mothers confused by advertising and by labels on packaged weaning foods may need help in deciding when and how to supplement breast-feeding. Simple and practical information can be found in books like **Helping Mothers to Breast Feed** by F. Savage King. Health workers all over the world can be of great service in advising mothers of the truth about supplementary feeding and convincing them that the publicity about certain packaged foods is misleading. Chapter 9 of **Helping Mothers to Breast Feed** gives these important guidelines:

1. Breast-milk is normally all that a baby needs until the age of four – six months. From the age of about six months and until he is at least two years old, it is best that a child have **both breast-milk and other food**.
2. The best way to decide if a baby is getting enough food is to weigh him regularly. Enter the weight on a growth chart and find out if he is continuing to grow. If his weight does not increase, he needs more food. If he is below four months, try to increase the mother's milk supply. If he is four months or more, try to increase the mother's milk supply and also start to give him a weaning food.
3. If weaning foods or cereals are started too early, they can make the baby lose weight. He cannot digest the food, but it fills his stomach and he sucks less at the breast. Early supplements often are a cause of diarrhoea.
4. If weaning foods are given too late, he may stop growing. Most babies need some supplementary food at around six months otherwise they do not gain weight regularly.
5. The first weaning foods should be a soft cereal porridge. By about nine months, the baby can eat most foods if his mother chops them and makes them soft for him. When starting weaning foods, the mother should:

When shopping for good baby food at a right price...

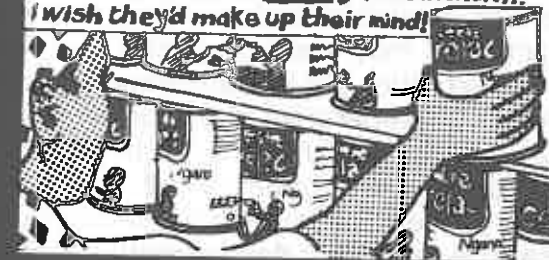
# ...Mary gets some SOLID ADVICE.

A nice baby on every side of this box FRUTICREM milk and banana - sounds so tasty 64/80 shs? It's so expensive so it must be very good.

Another imported special cereal? Robinson's Baby Rice can be given from 3 mths So early? 37/50shs is cheaper... S'pose I could try it.

An Cereiac! They sell that in our village duka. English says to be given after 4 months but wait...the Swahili is different Mwezi wa nne is during 4-th month!!! I wish they'd make up their mind!

his nice baby is having blue eyes. Eh! The boy is big, so well fed + healthy Only 12/30 for Cow + Gate Rusks Rusks are what? Then I have to buy my own milk to add.



Mary How are you? How is baby?

GRACE! Fine! I'm just buying some food for baby, he's over 4 months. I'm so confused, they are so many foods, which do you use?

Ah! Me, I prepare more nutritious for baby and cheaper also!

Sure? Is it just as good?

It's not just good, my dear! It's BETTER! I use milk, maize meal, ground nuts and some sugar. I can give plenty of this nutritious food to baby and it's only costing about 50shs each month.

50shs only? That's less than one box of that FRUTICREM!

MOTHERS EVERYWHERE TAKE NOTE!

Cost of 400 Kcal/energy per day for 30 days soft food:-	
BEBELAC FRUTICREM	720/-
ROBINSON'S BABYRICE	467/-
NESTLE CERELAC	149/-
COW + GATE RUSKS	143/-
HOMEMADE SOFT FOOD (with more protein than the others)	50/-

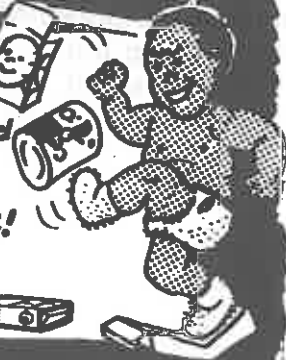


So I use 100gms fresh milk 40gms maize meal 25gms pounded groundnuts 10gms sugar and sometimes you add egg or beans instead of the nuts!

Then I cook all together with a little water.

Good that I met you today, Grace. Now I know what else to give him now he's over 4 months.

So Mamas... Don't be had by ADVERTIZING... Mixtures that sound APPETISING. Pretty packets don't stand the test! MOTHER'S UJI IS THE BEST!



A duka is any shop or supermarket

Kenya Shs. 64/80 = U.S. \$4.00

Uji is soft porridge.

Cartoon by Sara Kionga-Kamau for IBFAN



- feed the baby often – about five times a day. The food can be cold snacks, but the baby's small stomach cannot hold one or two big meals. He needs many small meals. This is very hard for mothers who are working, but it is important if the baby is to continue to grow strong and healthy.
- add some energy-rich food to the staple cereal given to the baby – oil, margarine, cooking fats and groundnuts all are rich in energy.
- add a little protein-rich food to the staple: beans, groundnuts, milk or eggs are rich in protein.
- add some green or coloured vegetables or fruit to the food. These give the baby the extra vitamins he needs to grow.

Between one and three years most babies lose interest in nursing at the breast and move naturally to a diet of prepared food. This is called natural weaning. If for some reason the mother decides to wean the baby before the time of natural weaning, she should do it slowly. Many cases of malnutrition are caused by too sudden weaning. The baby becomes unhappy at being refused the breast and refuses to eat at all. In weaning, mothers should remember to increase the number of meals of food given to the child and at the same time, very gradually give fewer breast-feedings. It is best to take two or three months to slowly wean the child from the breast. Stop the night feed last, and give the child lots of loving and attention so that he does not feel that he is losing his mother's love.

The British medical journal **Lancet** emphasizes the importance of helping mothers to judge the right time to begin supplementing breast-feeding. An article on "Infant Feeding Today" in the issue of January 4, 1986, states that, "This is an area where custom and fashion play a large part. Local child

health services should be continually monitoring the practices in their area and adjusting advice and health education accordingly." Local health workers can do much to reassure mothers about their ability to feed young children themselves with healthy foods prepared at home, without relying on expensive foods for sale in shops.

Again, the **Lancet** says, "Manufacturers now market many excellent infant foods suitable for consumption by babies aged 4-12 months. These are often expensive and are beyond the means of many families. In most societies there are traditional foods for weaning which are readily available and nutritious. Local manufacturers may also produce modifications of these which are as appropriate as, and considerably cheaper than, those of the multinational companies; this should be encouraged. In poor communities in all countries, particularly where the joint family structure of child care is breaking down, mothers may require instruction in how to make preparations of local foods suitable for their infants. Reaching them with information and help is an important challenge."

### How to introduce other foods

In Africa, the Breast-feeding Information Group in Kenya has produced a good pamphlet on "How to Breast-feed Your Baby" which also includes this easy-to-understand schedule for introducing supplementary feeding.

Do not stop breast-feeding. Breast-feeding is still good for your child even when he is two years, or older. Don't be in a hurry to take your baby off the breast.

**Four to six months:** Breast-milk alone is no longer enough. Start giving other foods in addition to (not instead of) breast-milk.

# BITTER-SWEET TEA

**ALL OVER THE WORLD, tea is thought of as a refreshing drink for adults, but now there are "special teas" for infants.**

These "teas" are little more than pure sugar with a bit of fennel or camomile. One manufacturer, Milupa, promotes its infant teas "from the first week of life". And all companies advise the use of feeding bottles.

Infant teas are unnecessary, inappropriate and expensive products which can endanger infant health. Frequent use can interfere with breast-feeding, may cause deformities of the palate and jaw, and can affect the teeth and gums.

A WHO official recently said: "The provision of teas, particularly by bottle feeding, undermines breast-feeding in that the infant becomes used to, and may prefer the easier-to-use teat of the bottle rather than working at feeding at the mother's breast. Anything that decreases the intensity of sucking at the breast, particularly when there is no nutrient need, in fact undermines the whole process of breast-feeding."

## Ruined Teeth

Bottle-fed sugared teas can also ruin the child's teeth. Recently in West Germany, a mother of a young boy took Milupa to court for marketing a hazardous product, using misleading advertising tactics and giving faulty instructions. Her son had been given infant tea for nearly a year when a baby which completely destroyed his teeth. He also had difficulties in speech, chewing and digestion as a result.

After several court hearings and appeals, Milupa's insurance company decided to settle the case and offered DM 40,000 (US \$15,000). As a condition of

the out-of-court settlement, the boy's parents agreed that there should be no recognition of legal liability on the part of the company.

However, it is doubtful that Milupa's liability will remain unchallenged. During 1984 and 1985, dentists and the Federal Health office in Germany have warned about the dangers of infant teas. The lawyer for the young boy says he already has several clients who also want to file similar suits against Milupa because of damage caused to their children's teeth.



## No Legal Restrictions

No law is yet in force to eliminate these unnecessary and damaging products from the market. In advance of any such legislation, some manufacturers are now busy changing their product labels.

Some infant teas now claim to be "unsweetened" or have "40 per cent less sugar". However, despite the new labels, these teas may still have a very high sugar content.

Milupa's Camomile tea in Malaysia was 94% sugar in late 1985, with a selling price 26 times that of ordinary sugar.

In some cases, companies try to disguise the sugar content by describing the ingredients as sucrose, fructose, glucose, dextrose or maltose. All are simply different types of sugar, and all are bad for the teeth and gums.

When sugar comes in contact with the bacteria in saliva in the mouth, acid is produced in as little as 10 to 20 minutes. This acid attacks the enamel of the teeth, especially of soft milk teeth. It causes tooth decay and very soon, the happy smiles – like those depicted on the babies on labels of the infant teas – will disappear forever.





The safest way of feeding is with cup or plate and spoon or with clean hands.

Teach your child to eat a variety of foods, mashed to make them soft: energy foods, body-building foods, and protective foods.

**Six to eight months:** Your child should eat something from each of the food groups every day. Use all your skills to teach him to eat these foods happily; you know your child best.

**Eight to twelve months:** The child can begin to feed himself with his hands or a small spoon, and to drink from a cup. You help him as needed.



**One year old:** he should be able to eat everything that the parents in the family eat. The food can be mashed or cut in small pieces.

**One to two years old:** The child needs almost as much body-building and protective food as his mother does. And he needs about half as much energy food. Be sure your child gets the amount he needs of vegetables, beans, milk, or meat as he shares the family food.

But small children have small stomachs. They cannot eat all they need in one or two meals. Even after they stop breast-feeding they need to eat about five times a day in order to grow well.

Not all of the child's food needs to be hot. Leftovers, bread, milk, a boiled egg or fruit are all good to eat between meals.

The Ministry of Health and Family Welfare of the government of India has produced a Manual for Community Health Workers which includes a section on breast-feeding and supplementary weaning foods. This is an example of how information about the right foods for young children adapted to local diets can be passed on to mothers with the help of health workers.

## 7.2 Teach families about the importance of breast-feeding and the introduction of supplementary weaning foods

The major factors which are responsible for malnutrition in infants and young children are poverty, inadequate food, food prejudices and parental ignorance about proper feeding and diet for this age group. You should talk about the following whenever you teach a family about how they can improve the diet for infants and young children:

1. Breast-milk is the best milk for infants because it is clean and safe. It contains all the **necessary** nutrients and it does not cost anything. Babies should be put to the breast soon after birth.
2. The milk which comes out from the mother's breast in the first few days is slightly different from the milk which comes out later. It is called colostrum. Colostrum is very good for the baby.
3. Babies should be breast-fed in the nights also if they wake up.
4. Breast-feeding should be continued as long as the mother has milk.
5. After a baby is four months old, he needs to be given supplementary weaning foods since breast-milk alone does not supply all the nutrients that a rapidly growing baby requires.
6. The first solid foods which are given to the baby should be soft without roughage or spices and semi-solid in consistency, e.g. ripe banana, well-cooked mashed rice, millet or potatoes.
7. Give the baby a spoonful of new food at first and gradually increase the amount given over a period of 3 to 4 weeks to about half a cup (50 to 60 gm).
8. From six months of age the baby should be given dal, green leafy vegetables, rice or any other cereal, khichiri, mashed potato and carrot, chapati or bread, curds, egg and seasonal fruits.
9. By 8 to 9 months add meat or fish if that is possible.



10. By the time the child is one year old, he should be eating all the food (without spices) eaten by the family daily.
11. Some oil should be added in the food prepared for the baby. Oil increases the calories.
12. The child should be given food 5 to 6 times a day, because his stomach is small and he cannot eat much at one time.
13. The child should be given a combination of cereals and pulses.
14. Clean hands and utensils, and freshly prepared food are necessary for preventing infections.
15. In case the mother has no breast-milk, the baby should be given cow's or buffalo's milk as follows:

Age of infant	Number of feeds	Amount of each feed
Birth to 1 month	6-7 times a day	50-75 ml
1 month to 2 months	6-7 times a day	75-100 ml
2 months to 4 months	5-6 times a day	100-125 ml
4 months to 6 months	5 times a day	150-175 ml
Beyond 6 months	4-5 times a day	175-200 ml

16. Feeding with a bottle should be avoided as is very difficult to clean. But if the baby is very young and cannot take milk with a spoon, then a bottle may be used. The bottle and nipple should be cleaned thoroughly with soap and water and a brush and boiled before every feed. Keep the bottle and the teat covered to protect them from flies and dust.

Ministry of Health, India.

clean water supplies, bottle fed babies are much more liable to diarrhoea, too often severe or fatal in this situation. Secondly, poor families are often unable to purchase enough of the expensive imported formula to feed babies full strength solutions at regular intervals. However, faith in the "magic" properties of Western manufactured formula causes them to continue feeding with it in lesser amounts or diluted solutions, with serious effects on the nutrition and growth of their babies.

### The Lure of the Feeding Bottle

A team from the College of Medicine, Lagos, working at village level in Ogun State, Nigeria, saw feeding bottles everywhere. However, they saw no tins of artificial milk. The answer was simple; the white substance in the bottles was not milk at all but pap, the local maize weaning food. It was made very dilute in order to be given from a feeding bottle, so dilute that it contained very few calories. The bottle itself was the important thing. When asked, village women said that "the elites" in Lagos used feeding bottles. So village women wanted to use bottles, too, even though the only source of water was the local stream, and even though they could not afford any milk to go in the bottle. The watery white pap at least looked like milk. Mothers usually gave the bottle first, before breast-feeding their infants. Consequently the babies tended to take less breast milk, their stomachs were full of pap, and breast-milk production was also reduced. We saw signs of marasmus in young infants who had been bottle- and breast-fed in this way.

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## Update: Five Years Later

### International Code of Marketing of Breast-milk Substitutes

The International Code of Marketing Breast-milk substitutes grew out of concern over the harm caused to babies' health by increasing worldwide use of prepared infant formulas in preference to breast-feeding. In many parts of the world these prepared formulas were advertised as best for babies; they were donated to new mothers and to hospital maternity wards. Despite scientific proof that breast-milk was the safest and healthiest food for infants, commercial manufacturers were succeeding in convincing mothers, particularly mothers in developing countries, that they should buy formula to feed their new babies.

Results among third world families were often catastrophic: because of lack of hygiene and

In 1979 a joint World Health Organization/ UNICEF meeting spoke out strongly in favour of breast-feeding:

Breast-feeding is an integral part of the reproductive process, the natural and ideal way of feeding the infant and a unique biological and emotional basis for child development. This, together with its other important effects, on the prevention of infections, on the health and well-being of the mother, on child spacing, on family health, on family and national economics and on food production, makes it a key aspect of self-reliance, primary health care and current development approaches. It is therefore a responsibility of society to promote breast-feeding and to protect pregnant and

lactating mothers from any influences that could disrupt it.

This meeting recommended that there be an international code of marketing of breast-milk substitutes.

In May 1981 the World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes as a "minimum requirement". The introductory paragraphs of the code state, "in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products. The WHO notes on the code add, "the Code must, therefore, be seen within the overall framework of infant and young child feeding, which is the approach the WHO and UNICEF have adopted in their joint efforts to support action by governments covering a broad range of related issues."

This 1981 code was important because it:

- asked governments to assume responsibility for providing people with accurate information about infant and young child feeding;
- stated that all information about feeding of infants should make clear the superiority of breast-feeding;
- asked for strict controls upon donation of education or informational materials by manufacturers;
- called for no advertising at all to the general public of the infant formula or baby foods and asked that no free samples be given to pregnant women or mothers.

It further set out stringent guidelines for marketing of baby foods, the responsibilities of health care systems to control publicity about baby formulas, the task of health workers to encourage breast-feeding, etc.

Now, five years after passage of the Code, is a good time to check on progress made toward the elimination of pressures on mothers to

buy foods for their young children and babies rather than using breast-feeding or home-made weaning foods. IBFAN, the International Baby Food Action Network, recently surveyed progress on implementing the code. They state their survey shows that improvements are considerable, but that meaningful differences still exist between what companies say and what they actually do.

Some companies have stated that their policy applies only to certain geographic areas. Nestlé has publicly announced its full adherence to all provisions of the Code, following public pressure and a seven-year boycott against the company. However, Nestlé still excludes Europe from its policy. The company has substantially fulfilled its public promise to abide by the Code elsewhere. Some other companies such as Milupa and Dumex have made general statements that they will follow the Code, but their practice does not bear this out. Another six companies, including the three major Japanese manufacturers, declined to state any specific policy.

In up-dating support by country, IBFAN examined what type of action governments have taken to implement the code. They state that the best position would be if governments put the Code into effect as law, but very few countries have taken this step; the organization considers the worst position to be an existing voluntary code prepared by the baby-food industry. This position leaves the industry free to write into their code points which are quite contrary to the International Code. On the other hand, the International Code in effect as a voluntary measure may be as beneficial as a law if it is properly implemented and monitored. IBFAN says, "The actual impact of the Code's status may vary from country to country, depending on the effectiveness of other measures to support breast-feeding. Provisional data reveal, however, that when countries have adopted stringent infant food marketing regulations, as envisioned by the Code drafters, there has been a healthy increase in breast-feeding."

The European Economic Community (EEC) recently voted measures which will implement the Code in member countries. This progress will effectively force big manufacturers to cease aggressive marketing of infant formulas within the European Community.

## EUROPEAN PARLIAMENT VOTES FOR INTERNATIONAL CODE

**AT ITS PLENARY session of 16 April 1986, the European Parliament overwhelmingly approved revisions in a draft Common Market Directive which will effectively implement the International Code of Marketing of Breast-milk Substitutes within the European Community.**

The decision marks another step forward in a five-year struggle to implement the International Code within the EEC. In 1981, all 12 members of the EEC voted for its adoption at the World Health Assembly.

In both 1981 and 1983, the Parliament called on the European Commission to issue a Directive putting the International Code into practice. In late 1984, the Commission submitted a draft Directive which fell far short of the provisions of the International Code. The two Parliamentary Committees charged with giving opinions on this draft – the Development Committee and the Environment, Public Health and Consumer Affairs Committee – adopted reports which amend into the directive the entire International Code. These reports were overwhelmingly approved by the Parliament in the April plenary vote.

Supporting the Parliament's decision are the unanimous vote, in September 1985, of the European Economic and Social Committee in favour of the International Code and the June 1985 vote of the ACP (African, Caribbean and Pacific) Lomé group which calls upon EEC Member States to implement the Code. The Commissioner responsible for the Directive, Lord Cockfield, told the Parliament in March that he agreed with the majority of the provisions included in the reports of the two Parliamentary Committees.



Provisions of the International Code are considered the minimum necessary to protect, promote and support breast-feeding and improved infant health in all countries. The Code particularly calls for wide-reaching changes in the promotional practices of baby food manufacturers.

The draft Directive will now move on to EEC government representatives and the Council of Ministers for final decision.

Commenting on the decision, Margaret Daly, a British member of the European Parliament and of the Development Committee, said "It is a sad state of affairs that very few industrialized countries have adopted the International Code, but it is even sadder that the European-based manufacturers continually undermine the efforts of Third World governments to effectively implement the Code's provisions."

### Next Steps in Enforcing the Code

In May, 1986, a ban on baby milk donations to maternity hospitals was urged by the World Health Assembly (WHA) in a landmark resolution opposed only by the United States. The resolution also calls for restricted promotion of infant cereals, teas and other products which delegates agreed are often aggressively and inappropriately marketed.

Delegates from 92 countries voted in favour of the resolution which was sponsored by the Minister of Health of Nigeria, Dr. O. Ransome-Kuti. Six countries, notably those where infant milk producers are based, abstained. Five

years ago, almost to the day, the newly-elected Reagan Administration was the only UN delegation to vote against the WHO/UNICEF International Code of Marketing of Breast-milk Substitutes.

The new resolution was adopted after days of debate and numerous compromises made to accommodate US, European and Japanese concerns in an effort to reach a consensus vote. In the words of Dr. E. Maganu of Botswana, "There comes a point when compromise for the sake of consensus become surrender. Our babies are the ones who suffer if these marketing practices continue. When there is a conflict between infant health and

commercial practices, it is the practices which must stop. These milk donations harm our babies by discouraging breast-feeding – the best, the safest way to feed infants.”

The WHA (World Health Assembly, governing body of the WHO) resolution also urges countries to implement the International Code adopted in 1981, if they have not done so, and to engage consumer organizations and others in monitoring its implementation.

In opposition to the resolution, a US delegate stated that the World Health Organization “must not attempt to regulate commercial activity even when it concerns health.” Representatives of the infant formula industry reportedly lobbied extensively, convincing representatives of US and some European delegations to push for a softer resolution. Adoption of the resolution was motivated by the fact that many countries have been slow to put the International Code of 1981 into action and also because the baby formula industry continues to violate the Code’s provisions.

### **‘No’ to Donations of Breast-milk Substitutes**

The new resolution states that very few infants in maternity hospitals will ever need to be given any kind of breast-milk substitutes. It asks those applying the code, therefore, to ensure that the small amounts of breast-milk substitutes needed for the minority of infants who require them in maternity wards of hospitals are made available through the normal procurement channels and **not through free or subsidized supplies.**

Health workers around the world can now be aware that breast-feeding is universally recognized as the best nutrition for newborn babies, and they can try to assure that the hospitals or health posts where they work do not accept free or subsidized samples of prepared formula, because there is very little use for these donations. We should all recognize the danger in using these samples, because as soon as a baby is fed with substitute formula, it becomes less hungry, less likely to suckle vigorously at its mother’s breast. Every bottle given decreases the likelihood of successful breast-feeding for the baby. All advisors on breast-feeding agree that the more a baby suckles at the breast, the more milk is produced by the mother – therefore it is very rare that the

mother who has been given good advice and support in trying to breast-feed cannot nurse her baby.

### **Breast Milk for Low Birth Weight Babies**

Even low birth weight babies can be fed mother’s milk. According to UNICEF, 16% of the world’s babies are:

- born weighing less than 2.5 kilos,
- or need special care for jaundice, infections, breathing difficulties or lack of energy
- or are premature, not yet able to swallow or suck.

For these babies, too, breast-milk is the healthiest and safest food. Yet in most hospitals, these babies are formula fed. Once they are discharged from hospital care, these high-risk babies are vulnerable to the dangers of artificial feeding. Programmes have been developed which show that with special care, these babies can be breast-fed from birth.

UNICEF cites programmes in Kenya which house mothers near hospitals where their babies are under care. These mothers are able to handle their high-risk babies every day, and good mother-child bonding occurs naturally. Mother-to-mother support also comes naturally as mothers with high-risk babies are living close together. Breast-feeding is supplemented by cup feeds of expressed breast milk beginning at a weight of 1600-2000 grams (cups have replaced bottles as being more sanitary and less likely to turn the baby away from sucking at the breast). These babies are discharged from the hospital at around 2000 grams of weight; they continue breast-feeding at home, usually without any supplemental feeding. Their progress is monitored through special follow-up clinics. These babies have shown early weight gains of 20-30 grams per day and diarrhoea and infections have dropped in the hospital nurseries. A videotape called “Feeding Low Birth Weight Babies” on this programme is available for training of health workers, not for public broadcast, from UNICEF offices around the world.

# A morning in the life of Mama Watoto who is about to prepare a bottle feed according to the correct FORMULA!

This lovely picture book makes it look so easy!

THE BABY BOOK

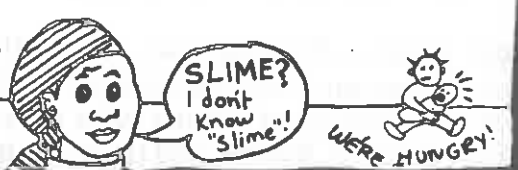
SUPPLIES

## TO STERILIZE ALL USED BOTTLES.....

1. Wash hands thoroughly with soap + water.



2. Rinse the bottle + teat in cold water before removing the teat + rub the outside of teat with ordinary kitchen salt to get off the slime. Take off the teat, turn it inside out, rub the inside with salt.:



3. Rinse well with warm water. Keep the teat in a small covered jar which is scalded daily.



4. Now rinse the inside of bottle with plenty of cold water to get out all the milk possible. Then wash with hot water + a very little washing soda or detergent, brush with a bottle brush (Boil the brush every day!)



At the Duka We don't have bottle brushes. Will this brush do?



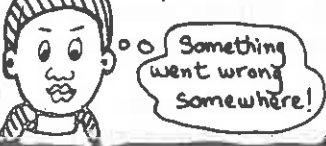
5. Rinse + allow to dry upside down



6. "I'm hungry"



7. Wash + scrub hands before picking up the bottle to prepare next feed + do not touch the neck or inside of the bottle



8. Place the clean bottles + teats in a pan of cold water that completely covers the bottles. Boil for a full 5 mins. Leave to cool in the pan with the lid on.



## TO PREPARE A FEED (Phew, not long now!)

9. BOIL some water.....



10. Wash hands.



11. Dip Scoop into powder taking care not to touch it, level it off with a clean knife put it into a measuring jug.....



12. Then pour a little of the hot boiled water into the jug + mix until mixture is smooth + creamy. Gradually add more water stirring all the time. Until the correct amount is obtained. Put milk into bottle + put on a clean teat.



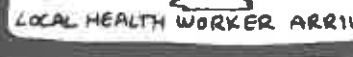
13. THIS IS WHERE IT GETS ABSURD! If the teat is blocked, insert a red hot darning needle. If it is running too fast then change the teat!



14. Is this what I need? ENERGY!



15. HELP! KODI!



How are you getting on with the baby, Mama W?



Well, why don't we try a different approach. Let's say we go back to BREASTFEEDING him!





# CUPS BETTER THAN BOTTLES

Recent findings from all over the world confirm that cups are much better than bottles for the small number of babies who do require artificial feeding. Bottles and teats, if not carefully cleaned and sterilized, contribute directly to diarrhoea. Dr. Ana Langer of the National Institute of perinatology, Mexico, is quoted as saying, (in the Revista del Consumidor, no. 84, February 1984, Mexico) "According to my experience, apart from banning the use of bottles and teats, it would be highly desirable to limit the use of these devices to a minimum. If the baby is breast-fed, it is possible to go straight to cup feeding, skipping the feeding bottle altogether."

Spoon feeding of liquids is another possibility for babies who require artificial feeding, but it is too tedious to be practical for most parents. But any baby who can swallow can be cup fed, and this simple technique can be used at home and in hospitals. Open cups are preferable to those with covers or spouts, which require sterilization like bottles.

Dental problems in later life are now associated with bottle feeding. British studies cited in the US publication "Dateline", 25 May, 1982, show that only 20% of wholly breast-fed infants had some incidence of dental caries while 72% of bottle-fed babies suffer from this problem. Constant sucking at the feeding bottle can cause malformation of the palate and gum as well as delayed dentition.

Another cause of tooth cavity in young children is the practice of some mothers of giving their babies bottles of sweet drinks to "calm" them, especially when they leave these bottles in the baby's mouth during naptime. The tooth decay caused by long contact with these sweet drinks causes such terrible cavities in the teeth that they may be completely lost by the end of the first year of life. (Dr. Angel Cameta, addressing the Mexican odontology Society, October 1983.)

## Remember:

**BOTTLES** require boiling before each feed, costing fuel, water, and time.

**BOTTLES** are likely to become contaminated if sterilization is haphazard or if they are carried about for hours.

**BOTTLES** provide sucking in a form which can be dangerous.

**BOTTLES** may disrupt breast-feeding through nipple confusion.

**BOTTLES** can cause poor jaw development and tooth decay.

**BOTTLES**, if used in hospital, provide an example which may be imitated in less hygienic home surroundings.

**BOTTLES** may be propped, depriving the infant of needed human contact.

Ordinary **CUPS** usually may be cleaned with soap and water; constant sterilization is less essential.

Open **CUPS** have a simple shape less likely to become contaminated, and do not encourage carrying about the feed for several hours.

**CUPS** allow sucking needs to be satisfied by the breast.

**CUPS** do not cause nipple confusion.<sup>1</sup>

**CUPS** have not been associated with oral problems.

**CUPS** used in hospital teach the community a technique which is also safer at home.

**CUPS** assure the small infant of some contact with the caretaker during feeds.

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1. Nipple confusion arises from the difference between sucking from a bottle and breast-feeding. It can lead the baby to refuse the breast.

## USEFUL PUBLICATIONS

**Breastfeeding Matters**, by Maureen Minchin. Alma Publications, 1985, 343 pages.

The author supports current evidence of the benefits of breast-feeding and backs up her arguments with references from many recent sources. However, the most important part of the book deals with ways of supporting mothers in their efforts to breast-feed. It can serve as a valuable manual for helping those mothers who have problems with breast-feeding. It recognizes that special problems do exist, and offers reasons for them and ways to solve them. Chapters include: Too Little Milk? Nipple Problems; Breast-feeding and the Mother; Practical Learning.

**Available from:**

Alma Publications  
5 Meredith Court,  
Alfredton, Victoria 3350  
Australia

**Price:** Australian dollars \$12 plus postage direct from Alma Publications.

**Helping Mothers to Breast Feed**, by F. Savage King. African Medical and Research Foundation, 1985, 152 pages.

Recognizing that the best way to stop the spread of bottle-feeding in the developing world is to train health workers to help mothers to breast feed, this book gives practical, straightforward advice to those involved in community health. It was written on the recommendation of the Kenya National Workshop on Infant Feeding practices of 1983. Although designed to help health workers and mothers in Kenya, it would be valuable in many other countries.

**Available from:**

AMREF  
PO Box 30125  
Nairobi, Kenya

**The Politics of Baby Foods**, by Andrew Chetley. Frances Pinter Publishers, 1986, 190 pages.

This book by a consultant to the International Baby Food Action network traces the development of the campaign to regulate infant food marketing. It analyses the forces working for change and the kinds of resistance they met. It also examines the dynamics of the campaign, dissects marketing strategies and sets out a blueprint for organizing similar action for other social issues.

**Available from:**

Frances Pinter Publishers  
25 Floral Street  
London WC2E 9DS, UK

**Price:** £18.50

**Protecting Infant Health** – The Health Workers' Guide to the International Code of Marketing of Breast Milk Substitutes, IBFAN/IOCU, 1985, 41 pages.

This little pamphlet acts as a guide for health workers to the WHO International Code of marketing of Breast-milk Substitutes. It explains the purpose of the Code and the importance of its implementation to all those concerned with infant health, and it includes a poster.

**Available from:**

IBFAN Penang  
c/o IOCU  
PO Box 1045  
Penang, Malaysia

or

IBFAN Geneva  
PO Box 157  
1211 Geneva 19, Switzerland

**Price:** \$3.50 general public; \$1.50 health workers and non-profit groups; special prices for bulk orders.

## CMC NOTES

### Ecumenical Institute Bossey

The Ecumenical Institute at Bossey, Switzerland offers programmes of varying length on questions of contemporary ecumenical issues. It hopes to share ecumenical ideals and train a future generation of ecumenical leaders. The Programme for 1987:

January-February, 1987: Second part of the 35th session of the graduate school, "Gospel and Culture".

6-19 April: Orthodox Theology and Spirituality, a seminar for students, theologians, pastors and lay people.

13-23 May: Models of Renewed Community, a seminar for those who seek a new vision of renewed Christian community for today.

3-20 June: Workshop on Participatory Bible Study, a course for Bible Study Enablers, by invitation only.

23 June - 3 July: Towards Convergence in Eucharistic Theology, a seminar for pastors, church leaders and teachers of theology.

7-17 July: Gospel and Culture in an Asian Context, a seminar for students, theologians, pastors and lay people.

3-13 August: Ecumenism for Mission, a course for theological students.

15 October 1987 - 28 February 1988: 36th session of the Graduate School of Ecumenical Studies, THE UNITY AND THE MISSION OF THE CHURCH.

**For information on these programmes, write to:**

Ecumenical Institute, Château de Bossey  
(Vaud)  
par CH-1298 Céligny, Switzerland

## NEW PUBLICATIONS

**My Name is Today**, by David Morley and Hermione Lovel. Macmillan, 1986, 360 pages.

A book written for the many people involved in health and development who have little time to keep abreast of the enormous and increasing literature in health care. It deals with the health and nutrition of the children and their families in the less developed countries of the world and is well-illustrated with cartoons, graphs and line drawings. The book does not

evade the severe economic limitations of the present time, but it shows that if the right steps are taken now, resources for better health during the rest of this century could be made available.

**Available from:**

TALC  
PO Box 49  
St. Albans, Herts AL1 4AX, U.K.

**Price:** £1.50 plus postage.

CONTACT is the periodical bulletin of the Christian Medical Commission (CMC), a sub-unit of the World Council of Churches (WCC). It is published six times a year in four languages: English, French, Spanish and Portuguese. Present circulation is in excess of 25,000.

Papers present in CONTACT deal with varied aspects of the Christian community's involvement in health and seek to report topical, innovative and courageous approaches to the promotion of health and integrated development. A complete list of back issues is published in the first issue of each year in each language version. Articles may be freely reproduced, providing acknowledgement is made to: CONTACT, the bimonthly bulletin of the Christian Medical Commission of the World Council of Churches.

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